10/22/2008 16:26

Image# 28992899331

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIW 3X	For Ot	her Than An	Authorized	l Committe	ee		Office Use Onl	у
1. NAME OF COMMITTEE (in full)		EC MAILING LAE PE OR PRINT		mple:If typing the lines	, type			
TENET HEALTHCARE	CORPORAT	TION PAC			1 1 1			
ADDRESS (number and street	et) 1373	37 Noel Road, Sui	te 100					
Check if different than previously reported. (ACC)	Dalla	as 				L ^{TX}	75240]-[
2. FEC IDENTIFICATION	NUMBER	₩	CITY 🛋		;	STATE	ZIPC	ODE 🛕
C00119354			3. IS THIS REPORT		NEW N) OR		AMENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: Quarterly Reports: October 15 Quarterly Reports: January 31 Quarterly Report(Non-eyear Only) (Moneyear	port(Q1) port(Q2) port(Q3) port(YE) (ear election 1Y)	(d) 30-Day Post -Elect Report for the	ene:	Ä,	12C)	Se Oo	(12G) in the	Special (30S)
5. Covering Period	10	01 200	8	through	10	15	2008	
I certify that I have examined	· -	nd to the best of r	ny knowledge a	and belief it is	true, correct	and complete) .	
Type or Print Name of Treas	urer <u>130</u>	24 1 1011						
Signature of Treasurer E	lectronically Fi	led by Todd Pl	ott		D	ate 1 (22	2008
NOTE : Submission of false	, erroneous, or	r incomplete infor	mation may sub	oject the pers	on signing thi	s Report to the	ne penalties of 2 l	J.S.C 437g.
Office Use							FEC FO	RM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name TENET HEALTHCARE CORPORATION PAC [®] D ^b D 15 1.0 0 1 2008 1.0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 25980.69 2008 January 1 (b) Cash on Hand at 27053.30 Begining of Reporting Period 4252.52 49418.83 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 31305.82 75399.52 6(a) and 6(c) for Column B) 6500.00 50593.70 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 24805.82 24805.82 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

0 1 1^D5 M N м м 1 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 29916.99 3971.52 (i) Itemized (use Schedule A) 281.00 19501.84 (ii) Unitemized (iii) TOTAL (add 4252.52 49418.83 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 4252.52 49418.83 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 4252.52 49418.83 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 4252.52 49418.83 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 6000.00 34750.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 500.00 15843.70 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 6500.00 50593.70 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 6500.00 50593.70

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	4252.52	49418.83
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4252.52	49418.83
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and a Full)	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TENET HEALTHCARE	CORPORATION PAC		
Full Name (Last, First, Middl ELIZABETH LAMKIN			Date of Receipt
Mailing Address 31 WICk	KLOW DRIVE		10 15 2008
City <u>HILTON HEAD</u>	State SC	Zip Code 29928-3354	Transaction ID: PR1025760420506 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.		23320-0304	40.00
Name of Employer HILTON HEAD HOSPITAL	Occupati CEO	on	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middl MITCH EDGEWORTH	e Initial)		Date of Receipt
Mailing Address 2613 RA	NCHVIEW DRIVE		10 15 YYYY 2008
City	State	Zip Code	Transaction ID: PR1026318820506
RICHARDSON	TX	75082-5200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer DOCTORS HOSPITAL-DAI	LLAS Occupati	ion	
Receipt For: Primary Gene Other (specify) ▼		te Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middl MARY ANN T RAILEY	e Initial)		Date of Receipt
Mailing Address 20230 P	INGREE WAY		10 15 2008
City	State	Zip Code	Transaction ID: PR1461493120506
YORBA LINDA FEC ID number of contribution federal political committee.	CA C	92887-3257	Amount of Each Receipt this Period 20.00
Name of Employer PLACENTIA LINDA HOSPI	Occupati	ion CIATE ADMINISTRATOR	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This I	Page (optional)		100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/37 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TENET HEALTHCARE CORPORATIO	JIN FAC		_
Full Name (Last, First, Middle Initial) SHELLEY GILES			Date of Receipt
Mailing Address 3803 STOCKTON LN			10 15 2008
City	State	Zip Code	Transaction ID: PR1479664420506
DALLAS	TX	75287-4919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) STEPHEN M MOONEY	1		Date of Receipt
Mailing Address 4619 BRIAR OAKS C	R		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1481199220506
DALLAS	TX	75287-7503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JANIS THAYER			Date of Receipt
Mailing Address 1735 CRIMSON TERR	RACE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1481210620506
BRENTWOOD	CA	94513-2618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	<u> </u>		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. Z	Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT			Date of Receipt
	Mailing Address 3405 HOWELL ST#9	Chata	7in Oada	10 15 2008
	City DALLAS	State TX	Zip Code 75204-2828	Transaction ID: PR1568624520506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VICE PF	n RESIDENT	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) THOMAS RICE			Date of Receipt
	Mailing Address 15126 FERDINAND D	PR		10 15 YYYY 2008
	City	State	Zip Code	Transaction ID: PR1592856020506
	DALLAS	TX	75248-6437	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 836.00	P/R Deduction (\$38.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CHARLES CONKLIN			Date of Receipt
	Mailing Address 3901 HEARST CASTI	LE WAY		10 15 2008
	City	State	Zip Code	Transaction ID: PR1592857220506
	PLANO	TX	75025-2011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			136.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 37 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION TENET H	ON PAC		
	Full Name (Last, First, Middle Initial) RICKY JOHNSTON			Date of Receipt
	Mailing Address 404 N.CHURCH ST	01-1-	7'- 0.4.	10 15 2008
	City MCKINNEY	State TX	Zip Code 75069	Transaction ID: PR1592858220506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		660.00	P/R Deduction (\$30.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) WEBB COCHRAN			Date of Receipt
	Mailing Address 3961 ST. CLAIRE CT	•		10 15 2008
	City	State	Zip Code	Transaction ID: PR1594942620506
	ATLANTA	GA	30319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	on	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) JASON E EVANS			Date of Receipt
	Mailing Address 1808 FLINT RIDGE D)R		10 15 2008
	City	State	Zip Code	Transaction ID: PR1735905220506
	ALLEN	TX	75002-1567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer LAKE POINTE MEDICAL CENTER	Occupatio COO	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	220.00	Weekly)
	SUBTOTAL of Receipts This Page (optional) .	•		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 37 (check only one) X
0	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
۷.	Full Name (Last, First, Middle Initial) DANIEL WALDMANN			Date of Receipt
	Mailing Address 2001 19TH STREET I		7: 0.1	10 15 2008
	City WASHINGTON	State DC	Zip Code 20009-1346	Transaction ID: PR1814798520506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1760.00	P/R Deduction (\$80.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) GREGORY S MANIS			Date of Receipt
	Mailing Address 1944 S CLUB DR			10 15 2008
	City	State	Zip Code	Transaction ID: PR2070027420506
	WELLINGTON	FL	33414-9088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer ST. MARY'S MEDICAL CENTER	Occupation COO	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) MARK P LISA			Date of Receipt
	Mailing Address 391 E MILGEO AVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2174141220506
	RIPON	CA	95366-2120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer DOCTORS HOSPITAL OF MANTE- CA	Occupatio CEO	_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	P/R Deduction (\$25.00 Bi- Weekly)
		1		230.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORA	TION PAC	
Full Name (Last, First, Middle Initial) LINDA OLLIS		Date of Receipt
Mailing Address 2717 COUNTRY C	LUB AVE	10 15 2008
City OMAHA	State Zip Code NE 68104-4222	Transaction ID: PR2174254220506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer CREIGHTON UNIVERSITY MEDI-	Occupation CEO	
CAL CENTER Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) ROBERT J CUNNAH		Date of Receipt
Mailing Address 163 VILLAGIO WE	ST	10 15 2008
City	State Zip Code	Transaction ID: PR2174361620506
PALM SPRINGS FEC ID number of contributing federal political committee.	CA 92262-6395	Amount of Each Receipt this Period 100.00
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CMO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) HENRY T HUDSON III		Date of Receipt
Mailing Address 49150 GILA RIVEF	RDRIVE	M M / D D / Y Y Y Y Y 1 1 1 5 2 0 0 8
City	State Zip Code	Transaction ID: PR2174385920506
INDIO FEC ID number of contributing federal political committee.	CA 92201-8846	Amount of Each Receipt this Period 20.00
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation ASSOCIATE ADMINISTRATOR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (options	al)	140.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DENNIS M LITOS Mailing Address 3204 GREENGATE D	PR		Date of Receipt
City MODESTO	State CA	Zip Code 95355-8446	Transaction ID: PR2174541520506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer DOCTORS MEDICAL CENTER-MODESTO Receipt For:	Occupation CEO		40.00
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) BRUCE MEARS Mailing Address 10312 ARVIN HILL RI	D		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City AUBREY	State TX	Zip Code 76227-6847	Transaction ID: PR2174562620506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For: Primary General Other (specify) ▼	Occupation DIR Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) WENDY TISCHLER			Date of Receipt
Mailing Address 5921 MALMESBURY			10 15 2008
City DALLAS	State TX	Zip Code 75252-4206	Transaction ID: PR2174565820506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For:	Occupation DIR Aggregate	n e Year-to-Date ▼	
Primary General Other (specify) ▼	1.59.59410	220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 37 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RICHARD BECK Mailing Address 107 WATERMAN		Date of Receipt
City	State Zip Code	1 0 1 5 2 0 0 8 Transaction ID: PR2174566420506
IRVINE FEC ID number of contributing federal political committee.	CA 92602-1654	Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For: Primary General Other (specify) ▼	Occupation DIR Aggregate Year-to-Date 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) ERIC BURCH Mailing Address 7040 AVE ENCINAS	104-102	Date of Receipt
City	State Zip Code	Transaction ID: PR2174566620506
CARLSBAD FEC ID number of contributing federal political committee.	CA 92011-4652	Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN		Date of Receipt
Mailing Address 27 NEW DAWN		10 15 2008
City <u>IRVINE</u>	State Zip Code CA 92620-1976	Transaction ID: PR2174567320506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2200.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	1	240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) LARRY J AUSTIN Mailing Address 14342 CLUB CIRCLE			Date of Receipt
Mailing Address 14342 CLUB CIRCLE			10 15 2008
City	State	Zip Code	Transaction ID: PR2202087220506
ALPHARETTA	GA	30004-4361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer NORTH FULTON REGIONAL HOS- PITAL	Occupation CEO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL HALTER			Date of Receipt
Mailing Address 111 RIGHTERS MILL	RD		10 15 2008
City	State	Zip Code	Transaction ID: PR406763220506
PENN VALLEY	PA	19072-1312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.00
Name of Employer HAHNEMANN UNIVERSITY HOSP- ITAL	Occupation CEO	n	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		418.00	P/R Deduction (\$19.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) LEONARD ROSENFELD			Date of Receipt
Mailing Address 12213 PARK BEND DI	R		10 15 2008
City	State	Zip Code	Transaction ID: PR407201320506
DALLAS	TX	75230-2364	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		118.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 37 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and addr	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT	TION PAC		
Full Name (Last, First, Middle Initial) ROBERT J SCHWEBEL			Date of Receipt
Mailing Address 5331 E. MOCKINGE			10 15 2008
City DALLAS	State TX	Zip Code 75206-0911	Transaction ID: PR407203420506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP		1
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) THOMAS WOLF			Date of Receipt
Mailing Address 2613 MILLINGTON	DRIVE		10 15 2008
City PLANO	State TX	Zip Code 75093-3560	Transaction ID: PR407205120506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	32.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation MGR		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 352.00	P/R Deduction (\$16.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) HANK D IRICK JR.			Date of Receipt
Mailing Address 3305 ELAM CT			M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City PLANO	State TX	Zip Code	Transaction ID: PR407205820506
FEC ID number of contributing federal political committee.	C	75093-8087	Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional			72.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)			Data of Bassint
۱.	Mailing Address 7504 DANFIELD CT			Date of Receipt 1 0 1 5 2 0 0 8
	City DALLAS	State TX	Zip Code 75252-6823	Transaction ID: PR407209420506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7 0202 0020	20.00
	Name of Employer TENET HEALTHCARE CORPORATION	Occupatio SR DIR	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
- s.	Full Name (Last, First, Middle Initial) STEVE BROWN			Date of Receipt
	Mailing Address 16 SARAH NASH CT			10 15 2008
	City DALLAS	State TX	Zip Code 75225-2072	Transaction ID: PR407210620506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7525-2072	200.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio EVP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2200.00	P/R Deduction (\$100.00 Bi- Weekly)
. —	Full Name (Last, First, Middle Initial) CRAIG E SIMS			Date of Receipt
	Mailing Address 4515 MANNING LANE	Ē		10 15 2008
	City DALLAS	State TX	Zip Code 75220-6434	Transaction ID: PR407211620506
	FEC ID number of contributing federal political committee.	C	73220-0434	Amount of Each Receipt this Period 38.46
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 423.06	P/R Deduction (\$19.23 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		258.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 37 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	Statements may not be sold or used by any perso e name and address of any political committee to ON PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN B MCDONALD Mailing Address 2016 PEMBROKE AV	E.	Date of Receipt
City FORT WORTH FEC ID number of contributing	State Zip Code TX 76110-1236	1 0 1 5 2 0 0 8 Transaction ID: PR407215820506 Amount of Each Receipt this Period 40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For: Primary General Other (specify) ▼	Occupation VP & Asst. General Counsel Aggregate Year-to-Date 440.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) WAYNE E COBB Mailing Address 4001 ORCHID LANE		Date of Receipt 10 15 2008
City MANSFIELD FEC ID number of contributing federal political committee.	State Zip Code TX 76063-5577	Transaction ID: PR407216420506 Amount of Each Receipt this Period 20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation MGR Aggregate Year-to-Date 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) TERESA L HUSKEY Mailing Address 4333 PERSHING AVE	:	Date of Receipt
City FT WORTH	State Zip Code TX 76107-4243	1 0 1 5 2 0 0 8 Transaction ID: PR407218620506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For: Primary General Other (specify) ▼	Occupation SR DIR Aggregate Year-to-Date 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .		80.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT	the name and address of any political committee to s	colicit contributions from such committee.
Full Name (Last, First, Middle Initial) SHERRY J HENDERSON Mailing Address 25 NIGHT HERON I	DI	Date of Receipt
		10 15 2008
City HICKORY	State Zip Code NC 28601-8806	Transaction ID: PR407219720506
FEC ID number of contributing federal political committee.	NC 28601-8806	Amount of Each Receipt this Period 20.00
Name of Employer FRYE REGIONAL MEDICAL CEN- TER Receipt For: Primary General Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JAMES E MCPARTLAND Mailing Address 1805 LONGWOOD	CT	Date of Receipt
City	State Zip Code	Transaction ID: PR407221520506
ALLEN	TX 75013-3074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer TENET HEALTHCARE CORPORAT-	Occupation VP	-
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ROBERT S HENDLER		Date of Receipt
Mailing Address 11122 W RICKS CIF	RCLE	10 15 2008
City	State Zip Code	Transaction ID: PR407222820506
DALLAS	TX 75230-3032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation REGIONAL CMO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional))	160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/37 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT		areas of any political committee to	SOIGH SOITH SOUR COMMITTEE.
Full Name (Last, First, Middle Initial) RHONDA ROGERS			Date of Receipt
Mailing Address 261 CR 2153			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NACOGDOCHES	State TX	Zip Code 75965	Transaction ID: PR407224420506
FEC ID number of contributing federal political committee.	C	73903	Amount of Each Receipt this Period 20.00
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation	n	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) CONLEY S CERVANTES	 		Date of Receipt
Mailing Address 819 CAMBRIDGE MA	ANOR LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COPPELL	State TX	Zip Code 75019-6105	Transaction ID: PR407224720506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		24.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 264.00	P/R Deduction (\$12.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GARY ROBINSON			Date of Receipt
Mailing Address 3030 MCKINNEY AV	E #1701		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DALLAS	State TX	Zip Code 75204-7410	Transaction ID: PR407225820506
FEC ID number of contributing federal political committee.	C	73204-7410	Amount of Each Receipt this Period 40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DEPUTY	n GENERAL COUNSEL	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		84.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) DOUGLAS E RABE			Date of Receipt
Mailing Address 9923 CAPRIDGE DR			10 15 2008
City DALLAS	State TX	Zip Code 75238-3469	Transaction ID: PR407227320506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA	<u> </u>		Date of Receipt
Mailing Address 6704 WESTMONT DR	RIVE		M M / D D / Y Y Y Y Y Y 1 1 0 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: PR407227620506
COLLEYVILLE FEC ID number of contributing federal political committee.	C	76034-7263	Amount of Each Receipt this Period 40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	٦	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) WILLIAM T MOORE			Date of Receipt
Mailing Address 3014 CASTLE PINES	BDRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DULUTH	State GA	Zip Code 30097-2039	Transaction ID: PR407231820506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer ATLANTA MEDICAL CENTER	Occupation MARKET		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	1		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 37 (check only one) X
4	any information copied from such Reports and r for commercial purposes, other than using the	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION TENET H	ON PAC		
۸.	Full Name (Last, First, Middle Initial) MAXINE T COOPER			Date of Receipt
	Mailing Address 19401 SANDPEBBLE	CR		10 15 7 2008
	City HUNTINGTON BEACH	State CA	Zip Code 92648-2110	Transaction ID: PR407233320506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio CEO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) GARRY M OLNEY			Date of Receipt
	Mailing Address 2708 ISLAND LEDGE	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR407234320506
	AUSTIN	TX	78746-1982	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
_ :	Full Name (Last, First, Middle Initial) JOHN QUINN	- I		Date of Receipt
	Mailing Address 1138 PINE VALLEY F	ROAD		10 15 2008
	City	State	Zip Code	Transaction ID: PR407236020506
	GRIFFIN FEC ID number of contributing	GA	30224-4953	Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer SPALDING REGIONAL HOSPITAL	Occupatio CEO	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		100.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
. ∠ 4.	Full Name (Last, First, Middle Initial) ANDREA L WOZNIAK			Date of Receipt
	Mailing Address 3181 SAND MARSH L	_N		10 15 2008
	City	State	Zip Code	Transaction ID: PR407239420506
	MT PLEASANT	SC	29466-9091	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer EAST COOPER REGIONAL MEDI- CAL CENTER	Occupatio CEO	n	
	Receipt For:	- 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) JOHN F HOLLAND			Date of Receipt
•	Mailing Address 3610 EDGEWATER S	STREET		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR407242920506
	DALLAS	TX	75205-4317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		192.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP	n	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	384.00	P/R Deduction (\$96.00 Bi- Weekly)
_).	Full Name (Last, First, Middle Initial) WILLIAM C HENNING			Date of Receipt
•	Mailing Address 5415 STONE CANYO	N DR		10 15 2008
	City	State	Zip Code	Transaction ID: PR407244720506
	FRISCO	TX	75034-2220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer CENTENNIAL MEDICAL CENTER	Occupatio CEO	n	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼	0 0	440.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ				252.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and 3 or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC	
Full Name (Last, First, Middle Initial) JAMES D DORIS		Date of Receipt
Mailing Address PO BOX 2009		10 15 2008
City	State Zip Code	Transaction ID: PR407244820506
SANFORD FEC ID number of contributing federal political committee.	NC 27331-2009	Amount of Each Receipt this Period 70.00
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 770.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) RALPH ALEMAN		Date of Receipt
Mailing Address 6301 COLLINS AVE #	‡ 2608	10 15 2008
City	State Zip Code	Transaction ID: PR407245320506
MIAMI BEACH	FL 33141-4645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer HIALEAH HOSPITAL	Occupation CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ALEX CONTRERAS-SOTO	1	Date of Receipt
Mailing Address 3363 SW 180 WAY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR407246920506
MIRAMAR FEC ID number of contributing federal political committee.	FL 33029-1639	Amount of Each Receipt this Period 20.00
Name of Employer PALMETTO GENERAL HOSPITAL	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .		130.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 37 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TENET HEALTHCARE CORPORATION	JN PAC		
Full Name (Last, First, Middle Initial) GARRY L GAUSE			Date of Receipt
Mailing Address 1150 LAKE COLANY	LANE		10 15 2008
City	State	Zip Code	Transaction ID: PR407248720506
VESTAVIA HILLS	AL	35242-7423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer BROOKWOOD MEDICAL CENTER	Occupation CEO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary ☐ General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID L ARCHER			Date of Receipt
Mailing Address 2594 HOCKSETT CO	VE		10 15 2008
City	State	Zip Code	Transaction ID: PR407250420506
GERMANTOWN 550 ID and the state of the state	TN	38139-6655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET	CEO	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Dadwatian (#40.00 Bi
Other (specify)		880.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) SUELLEN SMITH			Date of Receipt
Mailing Address 84 TIERRA VISTA LA	NE		10 15 2008
City	State	Zip Code	Transaction ID: PR407254520506
PASO ROBLES	CA	93446-9702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	•		120.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25/37 (check only one) X 11a
or for cor	rmation copied from such Reports and mmercial purposes, other than using the OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	ET HEALTHCARE CORPORATI	ION PAC		
PAME	lame (Last, First, Middle Initial) ELA J BUXTON			Date of Receipt
Mailin 	ng Address 77-532 BURRUS CO	URT		10 15 7 2008
City	M DECEDT	State CA	Zip Code	Transaction ID: PR407255320506
FEC	M DESERT ID number of contributing al political committee.	C	92211-0485	Amount of Each Receipt this Period 20.00
Name JOHN HOSI	e of Employer N F. KENNEDY MEMORIAL PITAL	Occupatio CNO	n	
Recei	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Jame (Last, First, Middle Initial) PHEN L NEWMAN MD, MD			Date of Receipt
Mailin	ng Address 11034 TIBBS STREE	T		10 15 2008
City		State	Zip Code	Transaction ID: PR407257720506
DAL		TX	75230-3450	Amount of Each Receipt this Period
	ID number of contributing all political committee.	C		384.00
<u>ION</u>	e of Employer ET HEALTHCARE CORPORAT-	_,	PERATING OFFICER	
	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 4224.00	P/R Deduction (\$192.00 Bi- Weekly)
	lame (Last, First, Middle Initial) E HODGES			Date of Receipt
Mailin	ng Address 231 COIN DU LESTI	N		10 15 2008
City		State	Zip Code	Transaction ID: PR407262120506
	DELL ID number of contributing all political committee.	C	70460-3509	Amount of Each Receipt this Period 20.00
	e of Employer THSHORE REGIONAL MEDIC- ENTER	Occupatio CFO	n	
Recei	ipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTO	TAL of Receipts This Page (optional)	1		424.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 37 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ALAN R CASON			Date of Receipt
Mailing Address 112 GOLDEN PHEAS	SANT ST		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SLIDELL	State LA	Zip Code 70461-3116	Transaction ID: PR407263520506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer NORTHSHORE REGIONAL MEDIC- AL CENTER	Occupation CEO		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GARY L HONTS			Date of Receipt
Mailing Address 1855 SILVERWINGS	СТ		10 15 2008
City MORGAN HILL	State CA	Zip Code	Transaction ID: PR407266420506
FEC ID number of contributing federal political committee.	C	95037-9002	Amount of Each Receipt this Period 40.00
Name of Employer COMMUNITY HOSPITAL OF LOS GATOS	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHELE C MEYER			Date of Receipt
Mailing Address 230 GRIMSLEY STAT	Γ BLUFF		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAINT LOUIS	State MO	Zip Code 63129-5030	Transaction ID: PR407268520506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00120 0000	38.00
Name of Employer DES PERES HOSPITAL	Occupation CEO	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 418.00	P/R Deduction (\$19.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	1		118.00

ITEMIZED RE	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/37 (check only one)
Any information copie	ed from such Reports and S	Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMN	·	e name and add	dress of any political committee to	o solicit contributions from such committee.
\	HCARE CORPORATION	ON PAC		
Full Name (Last, I PAUL D ECHELAF	First, Middle Initial)			Date of Receipt
Mailing Address	1167 HILLSBORO MI	LE#614		10 15 2008
City		State	Zip Code	Transaction ID: PR407270920506
HILLSBORO B	EACH	FL	33062-1618	Amount of Each Receipt this Period
FEC ID number of federal political co		C		38.46
Name of Employe TENET HEALTH ION	r CARE CORPORAT-	Occupation CEO	n	
Receipt For: Primary Other (spec	General ffy) ▼	Aggregate	Year-to-Date ▼ 423.06	P/R Deduction (\$19.23 Bi- Weekly)
Full Name (Last, I SAMUEL G HARR	First, Middle Initial)			Date of Receipt
Mailing Address	933 HAVENHURST			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: PR407271120506
WEST HOLLY	WOOD	CA	90046-6919	Amount of Each Receipt this Period
FEC ID number o federal political co		С		20.00
Name of Employe TENET HEALTH ION	r CARE CORPORAT-	Occupation DIR	n	
Receipt For:	0	Aggregate	e Year-to-Date ▼	
Primary Other (spec	☐ General ify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, I	First, Middle Initial)			Date of Receipt
	23510 BERDON STRI	EET		M M / D D / Y Y Y Y Y Y 1 1 0 1 5 2 0 0 8
City		State	Zip Code	Transaction ID: PR407274120506
WOODLAND I		CA	91367-3004	Amount of Each Receipt this Period
FEC ID number of federal political co		С		50.00
<u>ION</u>	r CARE CORPORAT-	Occupation VP	_	
Receipt For: Primary	General	Aggregate	e Year-to-Date ▼	D/D Dadwall - /doc co Di
Other (spec			550.00	P/R Deduction (\$25.00 Bi- Weekly)
		1		108.46

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS The property of the such Reports and St.	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATIO	name and add	lress of any political cómmittee to	solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) KENT G CLAYTON Mailing Address 3 TURTLE BAY DRIVE			Date of Receipt
	Walling Address 3 TORTLE BAY DRIVE			10 15 2008
	City	State	Zip Code	Transaction ID: PR407278120506
	NEWPORT BEACH FEC ID number of contributing federal political committee.	CA	92660-4266	Amount of Each Receipt this Period 40.00
	Name of Employer PLACENTIA LINDA HOSPITAL	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
— 3.	Full Name (Last, First, Middle Initial) KAREN GULBENKIAN			Date of Receipt
	Mailing Address 2847 CALLE HERALDO)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SAN CLEMENTE	State CA	Zip Code 92673-3534	Transaction ID: PR407278720506 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32010 0004	20.00
	Name of Employer GARDEN GROVE HOSPITAL	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) CANDACE MARKWITH			Date of Receipt
	Mailing Address 980 ISABELLA WAY			10 15 2008
	City	State	Zip Code	Transaction ID: PR407280320506
	SAN LUIS OBISPO FEC ID number of contributing	CA	93405-6186	Amount of Each Receipt this Period 40.00
	federal political committee.			.5.50
	Name of Employer SIERRA VISTA REGIONAL MED- ICAL CENTER	Occupation CEO	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
s	LUBTOTAL of Receipts This Page (optional)			100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 29 / 37 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORAT	he name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHELE M FINNEY Mailing Address 21521 TURTLEDOV	E STREET		Date of Receipt
City TRABUCO CANYON FEC ID number of contributing federal political committee.		Zip Code 92679-3486	Transaction ID: PR407283920506 Amount of Each Receipt this Period 40.00
Name of Employer LOS ALAMITOS MEDICAL CENT- ER Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year	r-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) DEBBIE L WALSH Mailing Address 516 GALLEON WAY	,		Date of Receipt 10 15 2008
City SEAL BEACH FEC ID number of contributing federal political committee.		Zip Code 90740-5939	Transaction ID: PR411334320506 Amount of Each Receipt this Period 20.00
Name of Employer USC UNIVERSITY HOSPITAL Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year	r-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) RICK LYONS Mailing Address 2425 BATTERING F	OCK RD		Date of Receipt
City TEMPLETON		Zip Code 93465-8371	1 0 1 5 2 0 0 8 Transaction ID: PR413941920506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer TWIN CITIES COMMUNITY HOS- PITAL Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year	r-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than	ports and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORF	PORATION PAC		
Full Name (Last, First, Middle Initia EDWIN BODE	al)		Date of Receipt
Mailing Address 9597 GOTTE	N WAY		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CERMANITOMAN	State	Zip Code	Transaction ID: PR839296520506
GERMANTOWN FEC ID number of contributing	TN	38139-5657	Amount of Each Receipt this Period
federal political committee.	C		20.00
Name of Employer SAINT FRANCIS HOSPITAL	Occupatio CFO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initia	<u> </u> al)		Date of Receipt
Mailing Address 7365 NW 547	TH STREET		1 0 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: PR839477820506
LAUDERHILL	FL	33319-6346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer TENET HEALTHCARE CORPOR ION	Occupatio DIR	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		550.00	P/R Deduction (\$25.00 Bi- Weekly)
Full Name (Last, First, Middle Initia	<u> </u>		Date of Receipt
	WESTERN BLVD		10 15 2008
City	State	Zip Code	Transaction ID: PR840530320506
DALLAS	TX	75209-3437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer TENET HEALTHCARE CORPOR ION	RAT- Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Bi- Weekly)
			90.00
SUBTOTAL of Receipts This Page (optional)	<u></u>	30.00
TOTAL This Period (last page this lin	ne number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS			Date of Receipt
	Mailing Address 702 PENFOLDS			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City COPPELL	State TX	Zip Code	Transaction ID: PR840566920506
	FEC ID number of contributing federal political committee.	C	75019-4544	Amount of Each Receipt this Period 40.00
	Name of Employer TENET HEALTHCARE CORPORAT-	Occupatio SVP	n	
	ION Receipt For:	+ +	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) VIOLETA L MAZZELLA			Date of Receipt
	Mailing Address 8816 CANYON LAND	S DRIVE		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR841454320506
	PLANO	TX	75025-4221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		32.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio MGR	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		352.00	P/R Deduction (\$16.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) HOAI-SON L NGUYEN			Date of Receipt
	Mailing Address 303 PRINCE ALBERT	CT		10 15 2008
	City	State	Zip Code	Transaction ID: PR841515820506
	RICHARDSON	TX	75081-5059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio DIR	n	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D 1 11 11 1 (01 2 2 2 2)
	Other (specify)		220.00	P/R Deduction (\$10.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			92.00
	ODITAL OF NECERPLS THIS Page (optional).			
T	TOTAL This Period (last page this line number	r only))	

or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION Full Name (Last, First, Middle Initial) BRIAN REILLY Mailing Address 55 PARRY DR City HAINESPORT FEC ID number of contributing ederal political committee.	ON PAC State NJ	ress of any political committee to	Date of Receipt 10 15 2008
A. !	TENET HEALTHCARE CORPORATION Full Name (Last, First, Middle Initial) BRIAN REILLY Mailing Address 55 PARRY DR City HAINESPORT FEC ID number of contributing	State NJ	·	M M / D D / Y Y Y Y
A. !!	BRIAN REILLY Mailing Address 55 PARRY DR City HAINESPORT FEC ID number of contributing	NJ	·	M M / D D / Y Y Y Y
- (<u>1</u> f f	City HAINESPORT FEC ID number of contributing	NJ	·	
<u> </u> 1 1	HAINESPORT FEC ID number of contributing	NJ	·	
- F f - 1	FEC ID number of contributing		00000 4004	Transaction ID: PR843214420506
		C	08036-4881	Amount of Each Receipt this Period 20.00
	Name of Employer HAHNEMANN UNIVERSITY HOSP- TAL	Occupation CFO		1
	Receipt For:	Aggregate '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) BARBARA H ZURZOLO			Date of Receipt
1	Mailing Address 13 GREENBRIAR LAI	NE		10 15 2008
	City	State	Zip Code	Transaction ID: PR843854920506
_	PAOLI	PA	19301-1907	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		20.00
-	Name of Employer REGIONAL EXECUTIVE	Occupation SR. MANA	AGING COUNSEL	
F	Receipt For: Primary General	Aggregate `	Year-to-Date ▼	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		220.00	Weekly)
	Full Name (Last, First, Middle Initial) SUZANNE KOZEL			Date of Receipt
1	Mailing Address 161 MEADOW RIDGE	E LN		10 15 2008
(City	State	Zip Code	Transaction ID: PR843980420506
_	CHAPEL HILL	NC	27517-8847	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		38.60
	Name of Employer TENET HEALTHCARE CORPORAT- ON	Occupation DIR		
ſ	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 424.60	P/R Deduction (\$19.30 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional) .			78.60

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	ON PAC		
Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD			Date of Receipt
Mailing Address 5412 GLENSHIRE DF	?		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PLANO	State TX	Zip Code 75093-2800	Transaction ID: PR844644420506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73033 2000	100.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	n	_
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) LYNNE SCROGGINS			Date of Receipt
Mailing Address 3777 PEACHTREE RI	D NE 632		10 15 7 2008
City	State GA	Zip Code	Transaction ID: PR844786220506
ATLANTA FEC ID number of contributing federal political committee.	C	30319-5209	Amount of Each Receipt this Period 20.00
Name of Employer ATLANTA MEDICAL CENTER	Occupation ASSOCIA	n ATE ADMINISTRATOR	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) IRENE CHAVEZ			Date of Receipt
Mailing Address 1340 LOMA VERDE			10 15 2008
City	State	Zip Code	Transaction ID: PR846339320506
EL PASO FEC ID number of contributing federal political committee.	C	79936-7811	Amount of Each Receipt this Period 40.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CEO	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	-		160.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 37 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TENET HEALTHCARE CORPORATION	ON PAC	
Full Name (Last, First, Middle Initial) SCOTT A RIFKIN Mailing Address 2188 ASPFN		Date of Receipt
Mailing Address 2188 ASPEN		10 15 7 2008
City	State Zip Code	Transaction ID: PR846690220506
TUSTIN	CA 92782-8339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer LOS ALAMITOS MEDICAL CENT- ER	Occupation COO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	B/B B L I (040 00 B)
Other (specify)	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ERIC M DELGADO	1	Date of Receipt
Mailing Address 4734 BRIERCREST A		10 / 15 / Y Y Y Y Y
City	State Zip Code	Transaction ID: PR846888220506
LAKEWOOD	CA 90713-2312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer IRVINE REGIONAL HOSPITAL MEDICAL CENTE	Occupation CFO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D Doduction (\$10.00 B)
Other (specify) ▼	220.00	P/R Deduction (\$10.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) TERRY MURPHY	1	Date of Receipt
Mailing Address 179 NIBLICK RDPMB	348	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR849021420506
PASO ROBLES	CA 93446-4845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer TWIN CITIES COMMUNITY HOS- PITAL	Occupation CNO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi- Weekly)
CURTOTAL of Descints This Desc (entired)		60.00

A.

FOR LINE NUMBER: PAGE 35/37 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION PAC Full Name (Last, First, Middle Initial) JAMES CLEMENTS Date of Receipt Mailing Address 30313 Golf Crest Lane 10 15 2008 City State Zip Code Transaction ID: PR849790220506 Woodstock GA 30344 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer SOUTH FULTON MEDICAL CENT-Occupation CEO ĔŘ Receipt For: Aggregate Year-to-Date Primary General P/R Deduction (\$20.00 Bi-440.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	40.00
TOTAL This Period (last page this line number only)	<u> </u>	3971.52

В.

District: 05

.go// =000=00000		
SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 36/37
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check 21b	only one) 22
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION F	AC	
Full Name (Last, First, Middle Initial) Scalise for Congress 08		Transaction ID: 28658299 Date of Disbursement 1 0 0 6 7 2 0 0 8
Mailing Address 3100 Ridgelake, Ste. 30	9	10 06 2008
City Metairie	State Zip Code LA 70002	Amount of Each Disbursement this Period
Purpose of Disbursement	011	5000.00
Candidate Name Stephen Scalise	Category/ Type	
Senate President	ement For: 2008 Primary X General Other (specify)	
State: LA District: 01 Full Name (Last, First, Middle Initial)		
Rodney Alexander For Congress, Inc		Transaction ID: 28703917 Date of Disbursement
Mailing Address PO Box 367 319 Nancy Road		1 0 M / D 0 7 / Y 2 0 0 8 Y
City Quitman	State Zip Code LA 71268	Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00
Candidate Name Mr. Rodney Alexander	Category/ Type	
Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	6000.00
TOTAL This Period (last page this line number only)	•	6000.00

State: LA

	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 37/37
IT _	EMIZED DISBURSEMENT	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports ar for commercial purposes, other than using	•		
\rangle	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORA	TION PAC		
	Full Name (Last, First, Middle Initial) Citizens for Hughes Mailing Address P.O. Box 13031			Transaction ID: 28658309 Date of Disbursement M O M / D O O O O O O O O O O O O O O O O O O
	City Philadelphia Purpose of Disbursement Vincent Hughes, STATE SENATE 7th P	State Zip Code PA 19101	011	Amount of Each Disbursement this Period 500.00
	Candidate Name Vincent Hughes		Category/ Type	
	Office Sought: House X Senate President State: PA District:	Disbursement For: 2008 Primary X General Other (specify)		Vincent Hughes, STATE SEN- ATE 7th PA

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	500.00